

Grant Application

Department of Criminal Justice Services, 202 North 9th Street, Richmond, Virginia 23219

Grant Program:	Virginia Sexual & Domestic Violence Victim Fund		
Applicant:			
Applicant Federal ID #:			
Jurisdiction(s) Served:			
Program Title:			
Grant Period:	January 1, 2007 – December 31, 2007		
Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Continuation Grant #: _____		
	Project Director	Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:			
Signature of Project Administrator:			
Brief Project Description:			
Project Budget Summary		DCJS State Funds	
Personnel		\$	
Travel/Subsistence		\$	
Supplies/Other Operating Expenses <i>training registration fees only</i>		\$	
Totals:			
Project Grand Total: \$ _____			